U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7057	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Dennis C Affinati	Name I.B.E.W. Local Union 910	
	Labor Organization File Number 027-476	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 107 North Broad Street	Street 25001 Water Street	
City Sackets Harbor	City Watertown	
State New York ZIP Code + 4 13685	State New York ZIP Code + 4 13601	
5. Position in labor organization. Business Manager		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name I.B.E.W. Local 910 Welfare Fund	1. Reimbursement of expenses for an educational conference inconjunction with the International			
Trade Name, if any:	Foundation of Employee Benefit Plans 06/13/04. (1,274.)			
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street 25001 Water Street				
City Watertown	\$1,274			
State New York ZIP Code + 4 13601				

Signature

15. Signature and verification. The undersigned declares, under penalty o	of Perjury a	nd other applicable p	enalties of th	e law, that all of the information	
submitted in this report (including the information contained in any accompan	nying docur	nents), has been exa	amined by the	signatory and is, to the best of the	1e
undersigned's knowledge and belief, true, correct, and complete. (See the se	ection on p	enalties in the instru	ctions.)		
Signed (1)	On	8/08/2005	(315)	646-1012	
$-\nu$		Date		Telephone Number	

Name of Person Filing Dennis Affinati	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing	Dennis Affinati	File Number U-
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Part A Continuation Page

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A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name I.B.E.W. Local 910 Pension Fund	1. Lunches provided for quarterly Trust Fund meetings. 02/02/04 (15.00), 05/03/2004 (15.00), 08/02/2004 (15.00), 11/01/2004 (15.00)
Trade Name, if any:	08/02/2004 (13.00), 11/01/2004 (13.00)
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 25001 Water Street	
	\$60
City Watertown	
State New York ZIP Code + 4 13601	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
Trade trains, it any.	
P.O. Box, Bldg., Room No., if any	
, , , , , , , , , , , , , , , , , , ,	7.b. Amount.
Street	
City	
State ZIP Code + 4	
State ZIP Code + 4	
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
, , , , , , , , , , , , , , , , , , , ,	7.b. Amount.
Street	
City	
State ZIP Code + 4	